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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration
Submitted
with Initial
Filing OR ☐ Declaration
Submitted after
Initial Filing

Attorney Doctant Number	16202.640
First Named Inventor	W. Best
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FILTER DEVICE

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY)

(Title of the invention)

Application Number

☐ United States Application Number or PCT International

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendments specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365 (a) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
200 16 803.7	Germany	09/29/00	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application, or §363 of any PCT International application designating the United States of America, filed before me, brother or sister on the subject matter of each of the claims of this application is disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, United States Code §102 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If Applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority date sheet PTO/SB/02A attached hereto.
 As a named inventor, I hereby represent the following registered practitioner(s) to prosecute this application and to represent all business in this Patent and Trademark Office connected therewith: ☐ Customer Number ☐ OR ☒ Registered practitioner(s) registration number listed below

Name	Registration Number	Name	Registration Number
Thomas P. Liniak	33,415	Stuart D. Frenkel	29,500
Joseph W. Berenato, III	30,546	Jeffrey I. Auerbach	31,680
James R. Longacre	24,421	Matthew W. Stavish	36,286
John M. White	32,634	Matthew F. Johnston	47,086

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02A attached hereto.
 Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name	Joseph W. Berenato, III		
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Address	6550 Rock Spring Drive, Suite 240		
City	Bethesda,		
Country	USA	Telephone	(301) 896-0600
		State	MD
		ZIP	20817
		Fax	(301) 896-0607

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Walter		
Inventor's Signature	Best		
Residence City	Duren	State	
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Post Office Address		Citizenship	German
City	Duren	State	
		ZIP	D-52351
		Country	Germany

☒ Additional Inventors are being named on the 1 Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Use				Schumacher			
Inventor's Signature		Use Schumacher		Date		27.09.01	
Residence: City		Tonisvorst		State		Country Germany	
Post Office Address		Willicher Str. 58		Citizenship		German	
Post Office Address							
City		Tonisvorst		State		Country Germany	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State		Country	
Post Office Address				Citizenship			
Post Office Address							
City				State		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State		Country	
Post Office Address				Citizenship			
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